

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HZ261658**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) MOCARSKI, MARK		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR 10341 S UNION AVE CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/> 290-RESIDENCE BEAT OF OCCURRENCE 2232 DATE OF OCCURRENCE TIME DAY OF WEEK 12-MAY-2016 09:15:00 THURSDAY NO. OF OFFICERS BATTERED <u>8</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>4</u>		
STAR NO. 17700	POSITION POLICE OFFICER	EMPLOYEE NO. [REDACTED]	BEAT/CALL NO. 4605	DOB [REDACTED]
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE			
HEIGHT 5'11	WEIGHT 180			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED				
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input checked="" type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>5</u> PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>SWAT INCIDENT</u>		
TYPE OF ACTIVITY				
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		<input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		
OFFENDER INFORMATION				
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		RACE BLACK		DOB 21-JAN-1985
ORIGINAL CHARGE _____		ORIGINAL IUCR CODE _____		CB NO. 00000000
IR NO.				
<input checked="" type="checkbox"/> K. OTHER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN		
		GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN		
		NO. OF OFFENDERS PRESENT? <u>1</u>		
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS		
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abresions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND		
		APPROXIMATE OUTDOOR TEMPERATURE: <u>65°F</u>		
LIGHTING CONDITIONS AT INCIDENT				
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN		<input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR 2. GOOD		

R/O was sitting within armored vehicle when offender fired handgun several times in R/O's direction.

REPORTING MEMBER - SIGNATURE
MOCARSKI, MARK

STAR NO.
17700

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
NAVARRO, KEVIN B
45